



# Introduction to Nursing

## Welcome to Introduction to Nursing

Nursing is an ancient career that provides an essential service to the community through the delivery of key healthcare practices. High quality nurses play a pivotal role in the delivery of healthcare. The key to quality care is an effective nurse who has an empathetic demeanor, high nursing skill and quality education. This course will provide a holistic approach to nursing education, focusing on key practices such as clinical observations and health care systems, prevention control and the process of nursing.

This course provides essential information to students beginning a nursing course, focusing on fundamentals of nursing that all students must learn before undertaking one of the world's most oldest and important careers. Not only does this course offer skill based information, it also provides education about essential personality development traits, such as empathy, that is a crucial component for all nurses.

This course also offers assessment based on the learning material to ensure comprehension and understanding..

## Assessment

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This course will provide critical information followed by a series of assessment tasks for each Unit. All questions will be based on information available throughout the course and offers an opportunity for students to test comprehension of the material.

Whilst all information is available in this course, it is essential that nurses use

additional resources to develop a habit in staying abreast of new procedures and policies frequently developing in the nursing field.

## Unit Overview

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The following provides an overview of the topics examined throughout this course. All reading is essential to nurse development.

<b>Overview</b>	<b>Unit Topic</b>
Unit One	The history and development of nursing
Unit Two	The nursing process
Unit Three	The Irish Healthcare System
Unit Four	Clinical Observations and Safe Practices
Unit Five	Infection Prevention and Control

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# Unit One- The History and Development of Nursing



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Welcome to Unit One- The History and Development of Nursing. This Unit provides an excellent background to the nursing profession and subsequent developments over time. The following subjects will examine the following:

- What is nursing?

- The development of the nursing profession
- Nursing specialties
- EU Directives in nursing
- Commission on nursing
- **An Bord Altranais**

All students must read all text and undertake relevant assessment tasks delivered at the end of each Unit.

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## What is nursing?

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Although most people have an idea what nursing is, many people are surprised to hear the characteristics involved in nursing. To become a successful nurse, it is essential to adequately understand the roles and responsibilities of nurses.

Although nurses' roles and responsibilities greatly vary depending on the country of residence, there are significant skills and training that is specific to the United Kingdom and is consistent worldwide.

Nursing characteristics include the following:

### **The Purpose of Nursing**

The purpose of nursing is to improve the health, pain, wellbeing and

education of the community and patients in their care. Nurses may also work with end of life patients and aim to create a peaceful, calm experience with an emphasis on respect and minimising discomfort.

### **Intervention Practices**

Nurses aim to provide care and support for patients whilst promoting independence and empowering patients and their family. Nurses aim to identify individual patient's needs and work to provide ongoing support through direct care and community outreach.

### **Domain**

Nurses understand physical, social, emotional, and cultural aspects to health and medical interventions to ensure a holistic approach to care.

### **Focus**

A nurse's role is broad in focus, whereby they focus on numerous patients and community health and educational promotion. In addition, nurses also focus on individual patients with a whole outlook, understanding all the process relating to care and human responses to illnesses rather than simply treating a disease.

### **Values**

Nurses must have strong personal and professional ethics and morals that govern their behaviour and actions. Nurses respect dignity of patients, have an approach to individual approach to care and have accountability for their actions.

### **Partnership**

Nurses must commit to working with a range of different partners, including

families, organisations, carers and other professional team members to provide the highest quality of care.

The educational requirements of nurses in the United Kingdom are decided by the Nursing and Midwifery Council (NMC), the most essential nursing governing body in the United Kingdom. The policies and regulations of the NMC will be examined throughout this course and all nurses should dedicate

themselves to working within their requirements.



Nurses provide individual and team care for individuals that require specialist care due to age, illness, pregnancy or mental illness. Nurses work in health promotion,

illness prevention, treatment and advocacy of patients to improve health status and emotional and mental wellbeing. The aim of a nurse is to provide quality, holistic care to improve quality of life, improve health and recovery or create as peaceful death in end of life as possible, using their extensive clinical skills and techniques to deliver the highest quality care with an empathetic nature.

There are a range of locations that nurses may practice, including the following:

- Public and private schools

- Hospitals
- Hospices
- Workplaces
- Short and long term facilities
- Military/Army bases
- Transportation, such as cruise ships
- Research centres
- Retirement homes
- Aged care facilities
- Private homes
- School Camps

All of these differing locations require specific skills that are consistent with the facility where care is implemented. Although these tasks and skills differ, best practices outlined by the NHS as well as individualised policies for the facility must be followed at all times.

Nursing roles and responsibilities vary depending on the nursing speciality elected by students. Although you may not be decided on any or the specific nursing speciality, the following provides an overview of different specialities that may provide an insight into potential nursing fields as you progress with your training.

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# Unit Three: The Irish Healthcare System



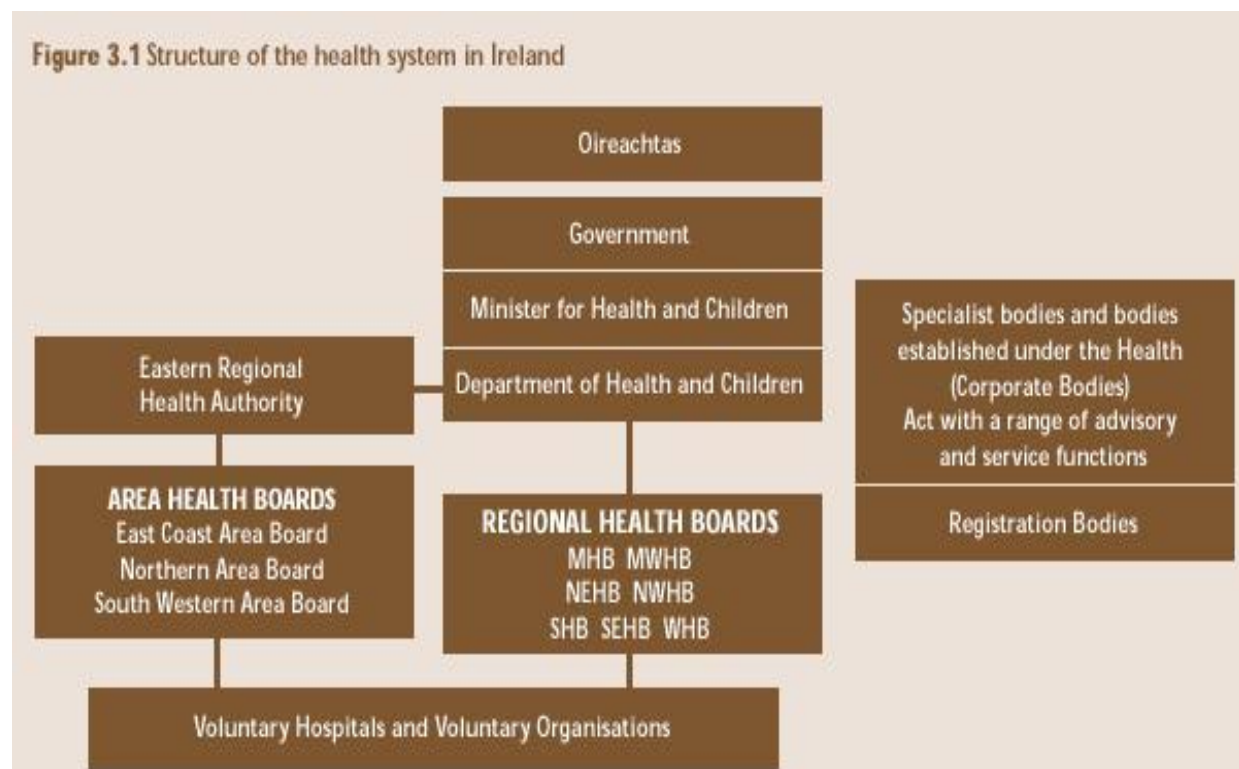
Welcome to Unit Three. This Unit will examine the specific requirements of the Irish Healthcare System and its individual structures and functions. The following provides an overview of this Unit.

## **UNIT THREE: THE IRISH HEALTHCARE SYSTEM**

- The health service structures and functions
- History of the health service
- Department of health and children
- Primary, secondary and tertiary healthcare teams
- The multidisciplinary team
- Role of specialised disciplines = non-nursing.

## The Irish Health Service Structures and Functions

Like many health care systems, the Irish health care system is based on two sectors: private and public. These two systems are based on relevant legislation, particularly the Health Care Act (2004) which governs the execution of health services in Ireland.



## Public Health Care

Every Irish citizen has access to health care under the public health, usually requiring a subsidised fee. The public health care system is similar in foundations to Britain, Norway, Sweden, Finland and Portugal.

Funded by worker's tax, the public health care system protects all citizens in aspects relating to mental health, paediatrics, disability and emergency care.

All citizens receiving health care must hold a European Health Insurance Card managed by the Health Service Executive.

Low income earners receive free health care through the use of their Medical Card, including optical, aural services and the purchase of medicines. People are usually divided into two categories, namely People with Medical cards, which provide access to medical needs and medicines (roughly thirty percent of the population). People without medical cards make up the other category, usually accessing medical care at a reduced cost.

There have been issues relating to discrediting the Irish public healthcare system. These include lengthy waiting periods for emergency services and surgeries, as well as the outcomes from healthcare relating to overworked healthcare staff. Criticism has also arisen by private health care consumers' access to shorter health care queues and arguably higher quality of care, a point of disgruntlement for those who require urgent care but not can afford private health care fees.

These issues are indicated in the following statistics:

	Ireland	Europe
Infant mortality per 1,000 births	5.1	4.3
Life expectancy (females)	79.6	81.6
Life Expectancy (males)	74.6	75.5
Hospital Beds per 100,000 people	485	631

Acute beds per 100,000 people	300	410
Doctors per 100,000 people	200	330

### Private Health Care System

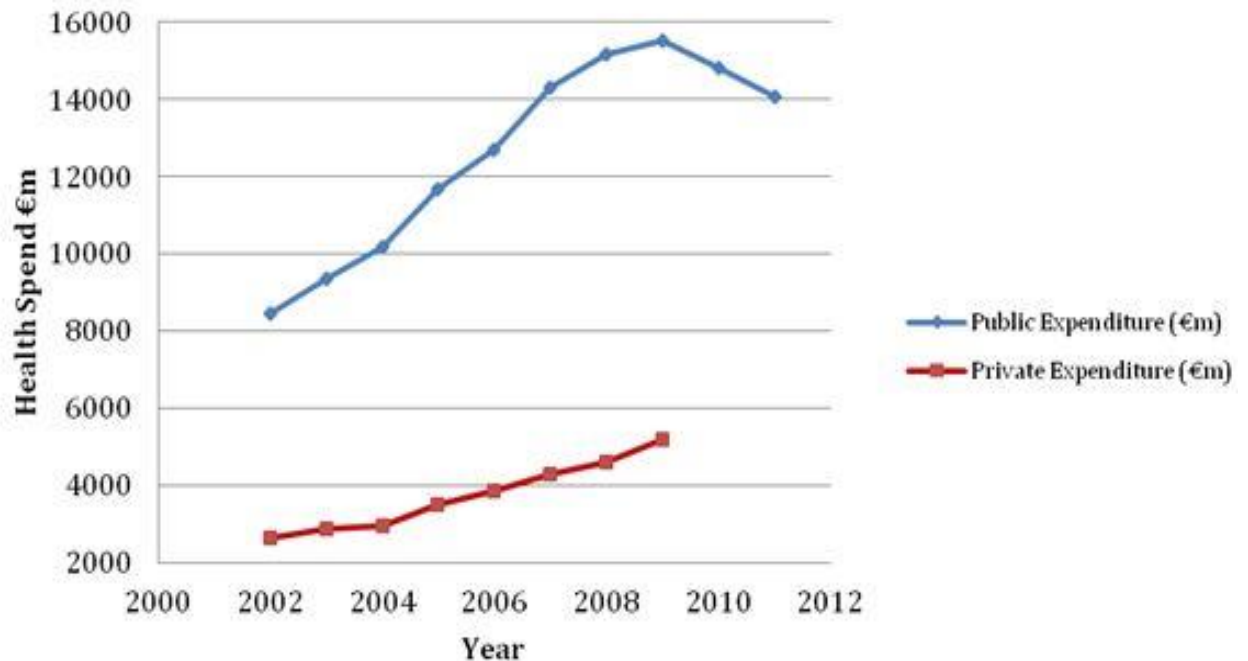
Consumers of the private system pay for private health coverage with numerous benefits, including smaller waiting lists and doctors and hospitals of their choice. Over twelve million people are covered by private health care in the United Kingdom and works somewhat in conjunction with the NHS by providing private beds in hospital systems and long term care.

Private health insurance in Ireland is relatively common. There are a wealth of insurance providers available in Ireland, including the Voluntary Health Insurance Board, Quinn Direct and Hibernian Aviva. It is relatively easy for European Union citizens to gain access between member states to gain private health insurance and tax relief. Discrimination Act applies to private health insurance regulations and refusal cannot be based on health status, age or gender.

Private health insurance services are usually used by older clients with a higher social class standing. Private health care promotes the economy, contributing predominantly to aged and disability care.

([http://en.wikipedia.org/wiki/Healthcare\\_in\\_the\\_Republic\\_of\\_Ireland](http://en.wikipedia.org/wiki/Healthcare_in_the_Republic_of_Ireland))

**Figure 1: Public and Private Health Expenditure**



Source: Department of Health Statistics,

[http://www.dohc.ie/statistics/key\\_trends/health\\_service\\_expenditure/health\\_service\\_expenditure.html](http://www.dohc.ie/statistics/key_trends/health_service_expenditure/health_service_expenditure.html)

Private Expenditure data goes up to 2009

This figure indicates the difference in private and public expenditure.

### **The Health Service Executive**

The Health Service Executive (HSE) is Ireland's most significant health organisations, governing the delivery of the entire health care system. This includes people in hospitals, the community and a range of health care settings. It also encompasses all areas of health, including disability services, sexual health, mental health and public health.

The HSE is in charge of running the public and private health services and provides the policies and procedures that guide many nursing systems. All nursing agencies must abide by the HSE Code of Governance, approved in 2007 and is stringent in meeting the Code of Practice.

The Health Service Executive offers extensive health and social services to all Irish citizens and residents, including birth, deaths and marriage records, environmental health services and governs local health offices.

### **Everyday Care**

HSE supports Irish citizens and residents through access to general practitioners, dental service, health care services, pharmacies and health centres.

### **Emergency and Hospital Care**

The HSE provides emergency and hospital care through ambulance services, outside of hour services and maternity services, including mother and infant scheme.

### **Community and Social Care**

The HSE provides community and social care, including welfare, family support and social workers. The HSE also supports disability services including physical and sensory disability support. Mental health services are also based around counselling, suicide prevention, and hospital services relating to mental health.

Older people are also supported through nursing home support, home care and tips for healthy aging.

### **Specialist Care**

Specialist care relating to cancer services, especially health and patient information, as well as addiction services. Sexual services are also provided to testing and treatment and sexual assault cases. Public health aims to improve the health status of all consumers of the public system.

The HSE is divided into three units:

- The National Hospital Office- which manages high care hospitals and emergency services, such as ambulance
- Population Health- protect and promote the health of the whole population in general manner
- Primary, Community and Continuing Care- primary, community and continuing care delivers health services in the community and other settings other than hospitals.

The relevant health policies strategies include the milestone Shaping a Healthier Future (1994) and Quality and Fairness- a Health System for you (2001).





## History of the Health Service

Irish health system was developed in the early 1700s by a group of philanthropists and doctors that recognised the need for a formalised health care system. Funded privately through donations, the initial policies and procedures began to be implemented by 1740.

By the 1900s, the hospital system began to substantially grow with a religious influence. After recognising the need for lower class people to access once expensive medical assistance, the government began implementing medical systems for the poor.

When tuberculosis outbreak occurred, the British government implemented the Department of Health in 1947, which ultimately affected Ireland. By 1949, the government had proposed the Social Security paper that was essential in marking the development of the health and social policy in future years.

The medical card system was implemented in the 1970's when local authority systems were abolished and eight regional health boards were developed, with a total of eleven boards by the 1990's. Numerous policies in the 1980 saw a focus on health promotion and prevention of illness and disease.

The Shaping a Healthier Future policy was developed in 1994. By 2003, major reorganisation of Ireland's health system was re-developed, with aim to create a less fragmented, holistic health care system. This was led by the development of the Health Service Executive in 2005.

Now, community organisations have helped aid prevention, screening, treatment and awareness, such as breast screening and mental act.

The most essential policies of Ireland's history of nursing outlined in the following timeline:

1985- Planning for the future

1988- The years ahead

1996- Cancer services in Ireland – a national strategy

1996- A national breast-feeding policy for Ireland

1997- A plan for women's health

1999- Building healthier hearts

2000- National health promotion strategy

2001- Primary care – a new direction

2001- Report of the national advisory committee on palliative care

2002- Traveller health national strategy

2005- Obesity – the policy challenges

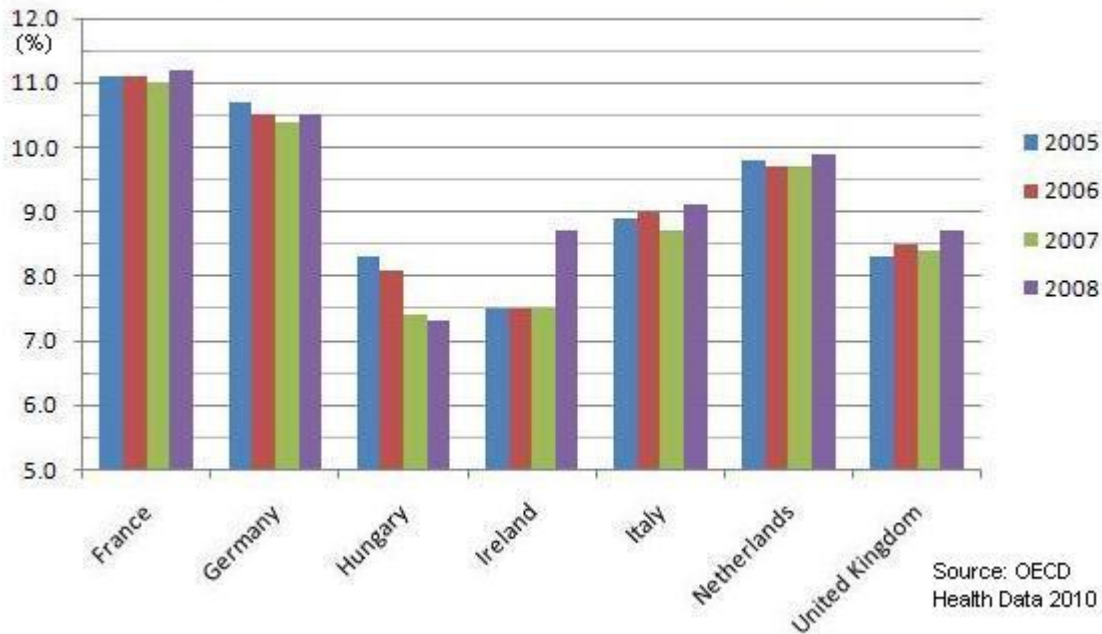
2005-2014- Reach out – national suicide prevention

2006- A vision for change, 2006

2006- A strategy for cancer control

2006- Working together to reduce harm caused by alcohol misuse

## Health Care Spending as a Percentage of GDP



## Department of Health and Children

### The Department of Health

It is essential that all nursing staff are aware of relevant Departments to ensure that they work within relevant legislation and policies.

The aims of the Department of Health is to protect the health of all citizens in Ireland, including access to a range of health services, high quality care delivery and high performance of medical and health care professionals.

The Minister of Health with two assistants leads Department of Health. The Minister oversees a range of policies and services, including child care legislation and services for homeless people, those with disability and aged and palliative care. The Minister also oversees financial services relating to health care, including health services, as well as nursing policy.

One of the essential components of the Minister's role is ensuring the policies and regulations relating to primary care, especially community and general medical service. Secondary care relating to hospital services is also an essential role component, as well as health promotion and corporate services.

The following provides an historical overview of Ministers of health across Irish history:

### Ministers for Public Health Across History

<b>Name</b>	<b>Term in Office</b>
Seamus Burke	1924-1927
Richard Mulcahy	1927-1932
Sean O'Kelly	1932-1939
P. J. Ruttledge	1939-1941
Eamon de Valera	1941-1941
Sean MacEntee	1941-1947
James Ryan	1947-1948
Noel Browne	1948-1951
John A. Costello	1951-1951
James Ryan	1951-1954
Tom O'Higgins	1954-1957
Sean MacEntee	1957-1965
Donogh O'Malley	1965- 1966
Sean Flanagan	1966-1969
Erskine Childers	1969-1973
Brendan Corish	1973-1977
Charles Haughey	1977-1979
Michael Woods	1979-1981
Barry Desmond	1982-1987

John Boland	1987-1987
Rory O'Hanlon	1987-1991
Mary O'Rourke	1991-1992
John O'Connell	1992-1993
Brendan Howlin	1993-1994
Michael Noonan	1994-1997

The Department of Health undertakes strategic policy and legislation, supporting all functions of health care and medical systems, evaluating health and medical staff performance and liaising with other agencies.

There is a list of agencies that are under the branch of Department of Health:

- An Bord Altranais
- Dental Council
- Food Safety Authority of Ireland
- Food Safety Promotion Board, see Safefood
- Health Information and Quality Authority
- Health Insurance Authority
- Health Research Board
- Irish Blood Transfusion Service
- Irish Medicines Board
- Medical Council
- Mental Health Commission
- National Cancer Registry Board
- Optician's Board
- Pharmaceutical Society of Ireland
- Pre-Hospital Emergency Care Council
- National Treatment Purchase Fund
- National Paediatric Hospital

(<https://nationalcareersservice.direct.gov.uk/advice/planning/jobprofiles/Pages/careassistant.aspx>)